U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

This is port is married by under the course, and the course, a	The similar processing, miles, or or, in particular to provide a 2, 20 5,000 per section, and or	
For Official Ose Conty: The Conty of the Instructions CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E PAS DROS		
1. File Number U - 5/1/8	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name FRANK LOPEZ	Name INTERNATIONAL UNION ELEVATOR CONT.	
•	Labor Organization File Number 044 - 688	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3800 NW 35 AVENUE	Street 3800 NW 35 AVENUE	
City MIAMI	City MIAMI	
State FLORIDA ZIP Code + 4 33143-SCOY	State FLORIDA ZIP Code + 4 33142-504	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
DO Pay Pide Page No. Fany		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
$\sim$ $\sim$ $\sim$	on 8-9-2005 305 633-3193	
Signed	On 8-9-2005 305 633 - 3193  Date Telephone Number	

Name of Person Filing Frank Lopez	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name ベミェア	9. Business deals with:		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any  Street ELEVEN LARSEN WAY  City ATTLE BORD FALLS	c. Employer		
State   H A   ZIP Code + 4   C2-763-1068			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	2004 Debrit Chromomod of out & management and management and management and population and Comment	
Name Trade Name, if any:	Apprenticeship Dimmer	MEETING.	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	43.80	
City	12.a. Nature of interest held or income received		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	The state of the s	nary divindenta.	
Trade Name, if any:		panhaké miniri v	
P.O. Box, Bldg., Room No., if any			
Street		V	
City	distillations are the second s	And the state of t	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		